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UNITED STÂTES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB Number: 3235-0076
Expires: April 30,2008
Estimated average burden
hours per response.....16.00

## **FORM D**

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY					
Prefix		Serial			
	· ·				
DATE RECEIVED					
	l 1				

<u> </u>			
Name of Offering ( check if this is an amendment and na			_
Complete Services of Eastern Kansas, LLC Private Pl	Rule 505 Rule 506 Section 4(6)	ULOE	F 188 (11 88) (18 8) (18 8) (18 8) (18 8) (18 8)
iling Under (Check box(es) that apply): ☐ Rule 504 ☐ ype of Filing: ☑ New Filing ☐ Amendment	Kille 303 Nate 300 Section 4(0)	0000	
·· <del>_</del>	·		
A. E	ASIC IDENTIFICATION DATA	<del></del>	06061398
Enter the information requested about the issuer			
ame of Issuer ( check if this is an amendment and name	has changed, and indicate change.)		
omplete Services of Eastern Kensas, LLC			
ddress of Executive Offices ()	lumber and Street, City, State, Zip Code)	Telephone Number	(Including Area Code)
34 North Main Street, Wichita, KS 67202		(316) 267-8371	<del></del>
ddress of Principal Business Operations (different from Executive Offices)	Number and Street, City, State, Zip Code)	Telephone Number	(Including Area Code)
rief Description of Business			
Holding company for title insurance agency.	/	•	
	<u> </u>	<u> </u>	·
ype of Business Organization	nip, already formed 🕢 other (	please specify):	
	nip, to be formed	private operation.	NOV 13 ZET
	Month Year		
ectual or Estimated Date of Incorporation or Organization:		mated	JENANCIAL OF THURISUN
urisdiction of Incorporation or Organization: (Enter two-lette	T U.S. Postal Service abbreviation for Stat	e:	FINANCIAL
CN for Cana	da; FN for other foreign jurisdiction)	KB	
GENERAL INSTRUCTIONS			
ederal:		7	000 (0) 1511 5 (
ederal: **Yho Must File: All issuers making an offering of securities in re **7d(6).			
When To File: A notice must be filed no later than 15 days at and Exchange Commission (SEC) on the earlier of the date it is which it is due, on the date it was mailed by United States reg	s received by the SEC at the address given i	g. A notice is deemed it below or, if received at t	hat address after the date on
Where To File: U.S. Securities and Exchange Commission, 4	50 Fifth Street, N.W., Washington, D.C. 2	0549.	
Copies Required: Five (5) copies of this notice must be filed shotocopies of the manually signed copy or bear typed or prin	ted signatures.		
Information Required: A new filing must contain all informat hereto, the information requested in Part C, and any material c not be filed with the SEC.	ion requested. Amendments need only rep nanges from the information previously sup	ort the name of the issue plied in Parts A and B. P	er and offering, any changes art E and the Appendix need
Filing Fee: There is no federal filing fee.			
		, p	
This notice shall be used to indicate reliance on the Uniform JLOE and that have adopted this form. Issuers relying on the tobe, or have been made. If a state requires the payment accompany this form. This notice shall be filed in the appropriate and must be completed.	JLOE must file a separate notice with the or of a fee as a precondition to the claim f	or the exemption, a fee	in the proper amount shal
	ATTENTION		
Fallure to file notice in the appropriate states will appropriate federal notice will not result in a loss filing of a federal notice.	I not result in a loss of the federal of an available state exemption un	exemption. Convers less such exemption	ely, failure to file the is predictated on the

	3.784 <b>3.8</b> 8674		A BASIC IDE	NTII	ICATION DATA	E			in in the second second
2. Enter the information re	•								
			been organized wi						
									s of equity securities of the issuer.
<ul> <li>Each executive offi</li> </ul>	icer and director of	corpo	rate issuers and of o	огрог	ate general and man	aging	partners of	partne	rship issuers; and
<ul> <li>Each general and π</li> </ul>	nanaging partner of	f partne	ership issuers.						
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director	Ø	General and/or Managing Partner
Full Name (Last name first, i First American Title Insur	_								
Business or Residence Addre 390 Spaulding Avenue S			City, State, Zip Co 19546	de)					
Check Box(es) that Apply:	Promoter	0	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)		<del></del>						
NVC Holdings, Inc.									
Business or Residence Addre		Street,	City, State, Zip Co	de)					
Check Box(es) that Apply:	Promoter	Ø	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i McGrew Title Holding Co				<u> </u>					
Business or Residence Addre	ss (Number and	Street,	City, State, Zip Co	de)					
1501 Kasold Drive Lawre	ence, KS 67114	,		_					
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first,	if individual)								
Business or Residence Addre	ess (Number and	Street,	City, State, Zip Co	ode)					
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first,	if individual)	<u></u>		<u>-</u>					
Business or Residence Addre	ess (Number and	Street,	, City, State, Zip Co	ode)					
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first,	if individual)			<u></u>					
Business or Residence Addr	ess (Number and	Street	, City, State, Zip C	ode)					
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first,	if individual)					_			
Business or Residence Addr	ess (Number and	Street	, City, State, Zip C	ode)					
	(Use bl	ank she	et, or copy and use	addit	ional copies of this	sheet,	as necessar	y)	

	101				B. D	FORMATI	ON ABOU	OFFERIN	Ĝ				
1. Has	the ic	suer sold	or does th	e issuer in	tend to sel	l to non-ac	credited in	vestors in	this offeri	າຊ?	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes (X)	No □
1. 1103	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?									_	_		
2. What is the minimum investment that will be accepted from any individual?										\$ <u>165.00</u>			
												Yes	No
						le unit?							
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.									e offering. with a state				
			irst, if indi	vidual)		_				,			
Not app			Address (N	umber and	Street, Ci	ty, State, Z	ip Code)				,		
Dusines.	3 () IX						,						
Name of	f Asso	ciated Br	oker or Dea	ıler	<del></del>								
States in	n Whic	h Person	Listed Has	Solicited	or Intends	to Solicit I	urchasers						
(Ch	heck "	All States	" or check	individual	States)			***************************************				☐ Ali	States
Ál		ĀK	ΑZ	ĀR	CA	CO	(CT)	DE	DC	FL	GA	HI	ID
IL		IN	ΙΑ	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
M		NE	NV	NH	NJ	NM (T)T)	NY VT	NC VA	ND WA	OH) WV	OK WI	OR WY	PA PR
R	1	SC	SD	TN	TX	ÜT	[ <u>V</u> 1.	<u> </u>	<u> </u>	197 Y			
Full Na	me (La	ast name	first, if indi	vidual)			•						
Busines	s or F	Residence	Address (1	Number an	d Street, C	ity, State,	Zip Code)		·	<del></del> -			
Name o	f Asso	ciated Br	oker or De	aler									
States i	n Whi	ch Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
(CI	heck"	All States	or check	individual	States)		***************************************			·····	***************************************	□ AI	l States
Ā		AK	AZ	[AR]	CA	CO	CT	DE	DC	FL	GA	HI	ĪD
II		ĪN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS OR	MO PA
M		NE	NV SD	NH)	TX	NM UT	NY VT	NC VA	ND WA	OH) WV	OK WI	WY)	PR
R		SC			<u> </u>		<u></u>						
			first, if ind										
Busines	ss or l	Residence	Address (	Number an	d Street, C	City, State,	Zip Code)						
Name o	of Asso	ociated B	roker or De	aler	-			······					<u></u>
States i	in Whi	ch Persor	Listed Ha	s Solicited	or Intend	s to Solicit	Purchasers	 i					
(C	heck "	All State	s" or check	individua	States)		***************	* - *	*************			□ A	ll States
[Ā	L	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID)
	L)	IN	1A	KS	KY	LA	ME	MD NC	MA ND	MI OH	MN OK	MS OR	MO PA
	<u>ता</u> स	NE SC	NV SD	[NT]	ŢX]	NM UT	NY) (VT)	NC VA	WA	WV		WY	PR

2	COPPERING PRICE NUMBER OF INVESTORS EXPENSES AND USE OF P	ROCEEDS	
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
		Aggregate Offering Price	Amount Already Sold
	Debt	•	\$
	Equity		
	Equity Preferred	<u></u>	
	Convertible Securities (including warrants)	:	s
	Partnership Interests  Other (Specify limited liability company membership interests	39.600.00	\$ 20,460.00
	Other (Specify Infinited Indontry Company Infinites and Information	39.600.00	· · · · · · · · · · · · · · · · · · ·
	Total	9	3_00,100
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors	3	s 14,520.00
	Non-accredited Investors	5	\$_5,940.00
	Total (for filings under Rule 504 only)		s
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
		Type of	Dollar Amount Sold
	Type of Offering	Security	501d
	Rule 505		3
	Regulation A		\$
	Rule 504		s 0.00
	Total		3_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		] \$
	Printing and Engraving Costs		] \$
	Legal Fccs		\$ 3,000.00
	Accounting Fees		<b>\$</b>
	Engineering Fees		] \$
	Sales Commissions (specify finders' fees separately)		] <b>\$</b>
	Other Expenses (identify)		] \$
		_	a c 3.000.00

30	C: OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PR	OCEEDS	w reverse to the
	b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		\$
<b>5</b> .	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.		
		Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees	]\$	
	Purchase of real estate		
	Purchase, rental or leasing and installation of machinery		
	Construction or leasing of plant buildings and facilities		
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	•	
	Repayment of indebtedness	]\$	<b></b>
	Working capital	\$ 36,600.00	
	Other (specify):	]\$	<b>S</b>
		]\$	<b>\$</b>
	Column Totals	\$ 36,600.00	<b>5</b> _0.00
	Total Payments Listed (column totals added)		5,600.00
250	D. FEDERAL SIGNATURE		Crownia de la la la
100			
oi.	e issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice nature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commiss information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of R	sion, upon writic	n request of its staff
	omplete Services of Eastern Kansas, LLC	Date	
Na	me of Signer (Print or Type) Title of Signer (Print or Type) Vice President		

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)